

ings alone, and this building and renovation program is still very much alive.

This fall or winter will see the final demolition of the old Centre Building at Spring Grove – the building constructed nearly 100 years ago when the patients were removed from Baltimore City – the building that became a symbol of all that was wrong or lacking in what we were doing. The new buildings we are erecting, and the old ones we are remodeling, are carefully designed to meet the demands of modern treatment methods. The new buildings that honor me by bearing my name, one at the Eastern Shore State Hospital and the other at Spring Grove, designed for aged and infirm patients, are pleasant, cheerful buildings of a style that delights the eye.

So much for the building program. What about the treatment in our State mental hospitals? You know, I am sure, that we have four general mental hospitals – Crownsville, Eastern Shore, Springfield and Spring Grove. In addition, there are two hospitals for the retarded, at Rosewood and Henryton, and the Clifton T. Perkins State Hospital as a maximum security institution. We have consistently improved our treatment services during the past several years, with the result that more and more long-term patients are being returned to their homes and the average length of hospitalization has been steadily reduced. Only a few years ago, the average length of hospitalization was considerably more than one year. Now, the newly admitted patient can reasonably expect to return to his home within three to four months, and more than one of every five patients stays no more than a month.

A greater number of patients are being treated in our hospitals each year, and yet, because of the shortened periods of hospitalization and increased number of discharges, we have seen a steady decline in the average daily patient population. On an average day in 1959, the first year of my tenure as Governor, we had 9,000 patients in our hospitals. On an average day now we have only 8,200.

Today, we calculate the cost for each patient discharged at slightly more than \$3,100. Ten years ago that cost was a little more than \$5,200. I hesitate to put a price tag on anything as important as mental health, but certainly we can say that the price seems to be right when we give patients better treatment at lower costs. And the decline in per-patient cost is even more impressive and satisfying when we consider the fact that it has occurred during a period of constantly rising costs for most goods and services.

Moves have been made during the past few years to improve and